15/5/2010

INS. CASE OWNER: WANG Peter 6880 4393 | CC4/ASM19021464/T1pa3 | LKK: IDAC: 150096

ASSIGNMENT

Surveyor: TAUFIKH DOI: 04/12/2019 Date / Time : 04/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKJ 5260A Claim No. : S9M028NF

Name of Insured : YI JE WOO Policy No. : P1596300

Insured Tel No. : HP: Make / Model : BMW 730LI-3.0 AT ABS D/AB

Excess Sec II :S$ D.O.A : 29/11/2019 14:00 Place of Accident : IRRAWADDY RD

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : LEE EU GENE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 82820247 / 97238819 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLV 2484R → → →

INSRS: WSP: TEAMWORK Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLV 2484R SKJ 5260A NA/INC19021180/z4; DOA: 29.11.19
13/07/2020	Pls refer to VIEWS for details.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 2,400.00 (5 days) Reduction: 69 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/07/2020 Confirm with Tricia Email ✓ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,568.00		
Loss of Rental (LOR):	S$ 400.00	(4 days) x $100.00	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 36.45		
Medical:	S$		1) Claim status: Normal/[redacted]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 3,004.45	**Global Sum S$:** 3,000.00	+ $10.00(Appy OID DL status fee)

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 3,000.00	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	